FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 494-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 7E ; Section 10 ; Block ; Lot ; Addition SW¼ 20 Acres.
Street Address 1430 South 68th

2. Property Use: Residential ☒ Commercial ☐
No. of Bedrooms 4 Describe: _____
Other Use _____ Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Joyner Const 8
Signature of Applicant (owner or lessee)

645 N Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 7/19/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/12/74 by: Jerrold C. Hood

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 494-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: July 15 1974

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 7E ; Section 10
Block ____; Lot ____; Addition SW¼ 20 Acers
Street Address [redacted] 14,030 South 68 see attached

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
No. of Bedrooms 4 .
Describe: ____
Other Use ____ ☐
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: ____ ft.

Joyner Const 645 M
Signature of Applicant (Owner or Lessee)

645 M Lincoln Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/19/74 . Date Frwd. 7/19/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoof

2. Supt. Bldg. Insp.: Date Rec'd. 8-16-74 . Date Frwd. 8-16-74 . ACTION: Approved ☐ Disapproved ☐ Signature: W W

3. City or County Engineer: Date Rec'd. ____ . Date Frwd. 8-16-74 . ACTION: Approved ☑ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL ____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 494-C

PROPERTY WHERE SOIL TESTED: Owner: Joyner Const

Location: Township 8N ; Range 7E
Section & ¼ Sect. 14,030 South 68th Address 645 M Lincoln
Property Dimensions: ___ft. x ___ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐

Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: April 18 to April 19. Weather: Precip. Wet Temp. ___F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	38	18									1 hr.	2"	
2												1"	
3												1½"	
4												½	
5												1	
6												2	

Sum of Percolation Rates
Average of Rates:
Mean of Rates:

Signature of Person Conducting Test

Address 4131 CL Ford Dr
Phone: 489-8208

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: July 19, 1974

Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 494-C

SPECIFICATIONS

DATE: _____

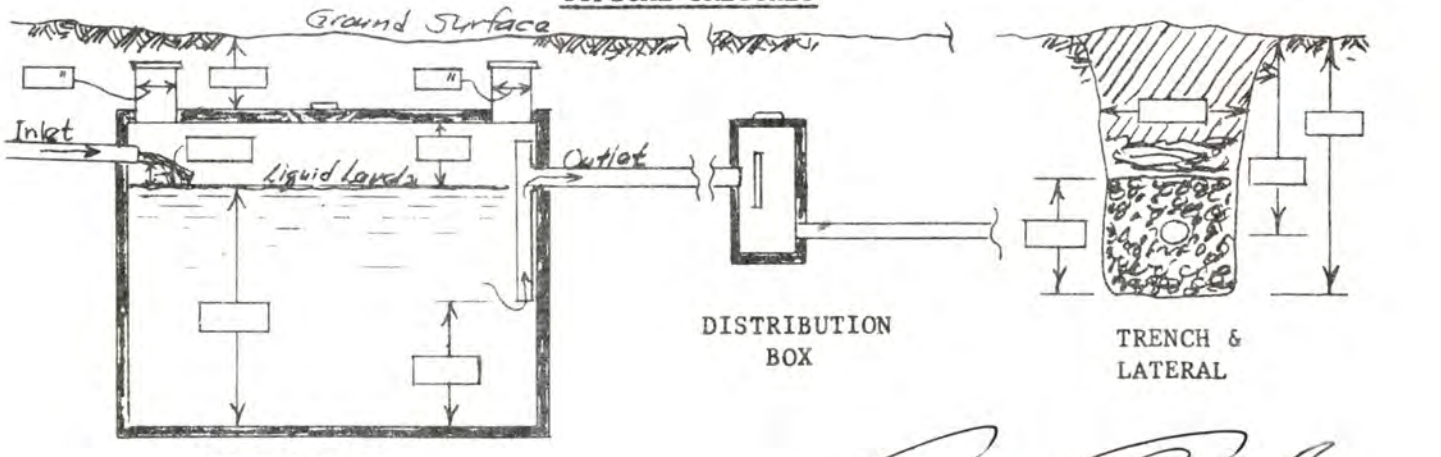
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor ___in.
3. Distance between dwelling and septic tank 140± ft.
4. Number of clean-outs 3.
5. Distances To:
Well or Suction Line RURAL WATER ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1250 gals.; Liquid depth ___in.
3. Factory Built: Yes ☒ (Company CORR-A-GLASS
No ☐
4. Manholes: Over Inlet; diam. ___in.
Over Outlet; diam. ___in.
Below Grade ___in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ___in.
8. Distances To:
Well or Suction Line RURAL WATER ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 4 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

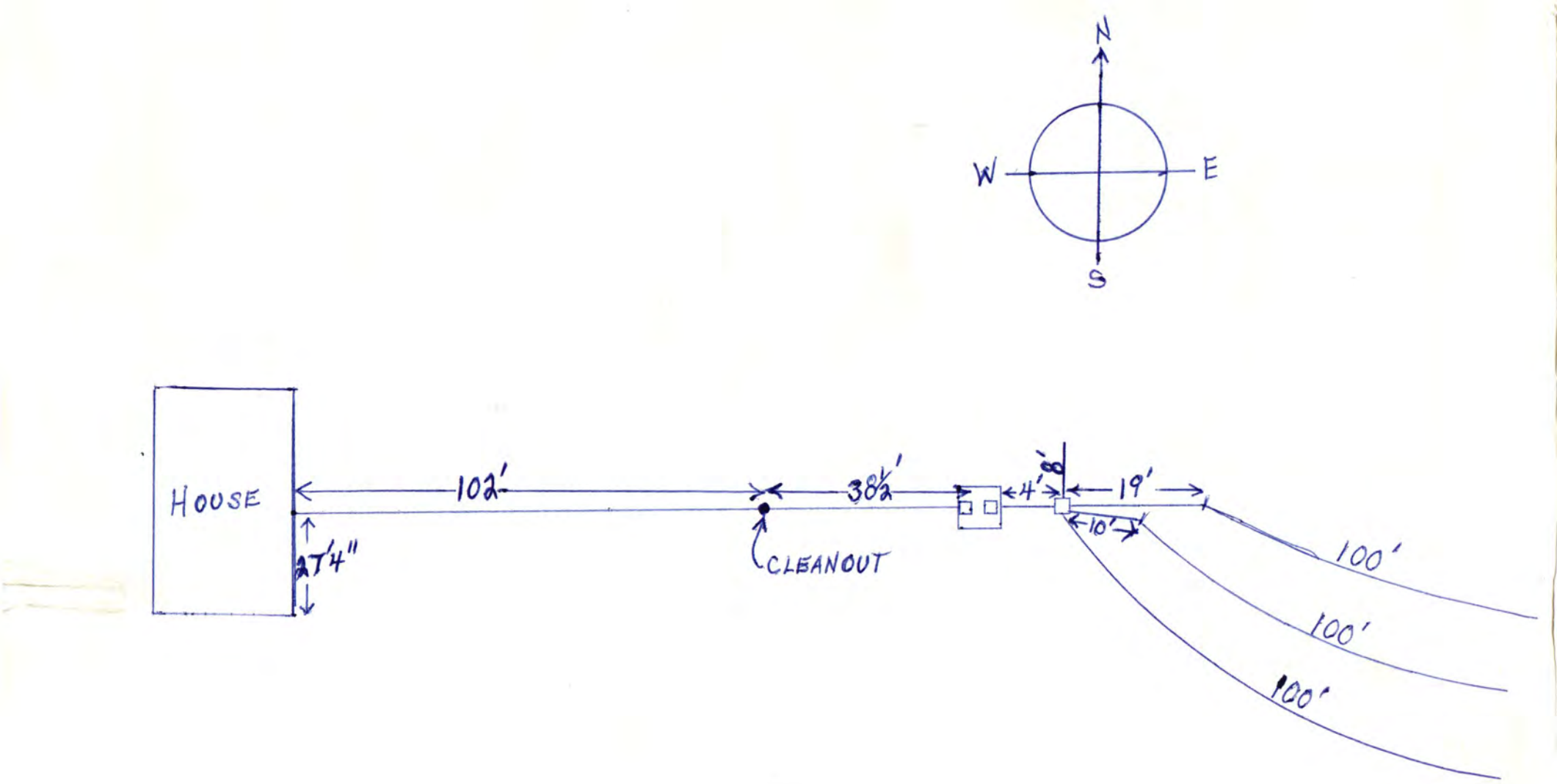
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line 100 ft Total length of Laterals 305 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape ~
Material: concrete ☒; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom ___in.
5. Distances To:
Well or Suction Line RURAL WATER ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant

West line at SW quarter 1016.8' south of west quarter corner thence East parallel to the north line of said southwest quarter 1975' thence south on the east of the west half east of the west half East half SW1/4 883.4' more or less to a point 1238.1' north of the south line of said Section, thence West parallel to the south line of the SW1/4, 528.0', thence south parallel to the west 1/2 E1/2 S.W 1/4, 247.4' west parallel to the north line of the SW 1/4, 875.0' more or less to a point 574.2' east of the west line of the SW 1/4, thence north parallel to the said west line 182.0' thence west parallel to the north line of the SW 1/4, 574.2' to a point of the said west line thence north on the west line of SW 1/4, 448.8' to the point of beginning containing 23.2 Acres more or less.


N
W
E
S
HOUSE
102'
38½'
4'
8'
19'
10'
2'4"
CLEANOUT
100'
100'
100'